STATE OF HAWAII

REQUEST FOR EXEMPTION FROM CHAPTER 103F, HRS

To:

Chief Procurement Officer

STATE PROCURFMENT OFFICE

From:

Health, Emergency Medical Services and Injury Prevention System Branch

Department/Division/Agency

Pursuant to §103F-403, HRS and Chapter 3-144, HAR, the Department Head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

Description of health and human service(s):

To plan and develop policies and procedures for the integration of the Maui emergency helicopter aeromedical service into the emergency ground ambulance service agreement.

Provider Name: International Life Support, Inc. d	Contract Amount:	
American Medical Response	<u>\$100,000.00</u>	
Provider Address:	Term of Contract:	
P.O. Box 613	From:	To:
Honolulu, Hawaii 96809	April 1; 2004	June 30, 2004
	April 1, 2004 April 30, 2004 NG	

Brief description of the circumstances justifying an exempt purchase:

American Medical Response current contract ends June 30, 2005. Since it was intended to staff the helicopter with existing EMS personnel at the Kula ambulance unit and integrate the aeromedical service as part of the Maui County emergency ambulance service, this contract amount is for assessment, setting policy and procedures and training. Future competitive 103F RFPs will include ground and helicopter aeromedical services.

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Description of efforts to determine availability of The Department of Health's current ground a County is through June 30, 2005. Since the will staff the helicopter, we did not seek alteral helicopter emergency aeromedical services. Goldstar ambulance was notified. They pro	ambulance service agreement term for Maui ambulance personnel of the ground service rnative providers. The next RFP will include	
A copy of the public notice is attached and contains all information required by §3-144-303, HAR:		
A list of state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Donna Maiava, Program Manager, EMS Clayton Chan, EMS Program Specialist, EMS Terry Joyce, PHAO, EMS Calvin Kunihisa, Fiscal Officer, ASO		
Direct questions to: Donna Maiava	Phone Number: 733-9210 e-mail address: dmmaiava@camhmis.health.state.hi.us	
I certify that the information provided above is to the best of my knowledge true and correct.		
Department/Agency Head Signature	4-21-04 Date	
Chiyome Leinaala Fukino, M.D.	Director of Health Position Title	
Chief Procurement Officer's Comments: Approval is from date of approval.		
Please ensure adherence to applicable administra Approved Denied	tive requirements. 4/30/04 rement Officer Bate	